



#### DEFENSE MEDICAL READINESS TRAINING INSTITUTE

23 May 2007

## SPECIAL FEATURE: C4's "TAC-SIM" Goes Live

Lt Brian Haack, USN, DMRTI PAO



Students treat simulated patients as part of their training at the Combat Casualty Care Course's Tactical Simulation Center (TAC-SIM). Students now train by watching the responses of a simulated patient, rather than asking an instructor for feedback on the effectiveness of their chosen courses of action

Two years ago, C4 Officer in Charge, Cpt. Troy Vaughn had an idea to convert an old, run-down warehouse into a state-of-the-art simulation center to improve the training students get at C4. Vaughn said: "I just had an idea for an under-utilized warehouse—the guys [C4's NCOs] made this happen. They did all the grunt work that made this a reality. Even though I know them, and I know what they're capable of, I'm still amazed by how well this turned out." After a little help from the Navy's Mobile Construction Batallion 22, the C4 staff pulled together and morphed this old warehouse into what is now known as the Tactical Simulation Center, or TAC-SIM.

TAC-SIM turned out so well in fact, that when it went live, the C4 staff wasn't even the first to use it. When the instructors at the U.S. Army's 232 Medical Brigade needed a training site to hold their annual "Best Medic" competition, they took one look at TAC-SIM, and had to have it.

One of the things that makes the TAC SIM so special is the fact that instructors no longer have to produce make-believe symptoms and time-tables for treatment. Now the simulated patient runs a computer program that accurately simulates expected physiologic responses to injury and subsequent treatment. A wide variety of patient trauma scenarios can be run on the simulators according to C4's Training Platoon Ser-

geant, Sergeant First Class Florez-Artola who explains the value of training with these computer driven simulators: "We no longer have to consider the errors caused by human nature. If an instructor is tired at the end of the day, he can't speed things up, or make it easy on the student just to finish. The last student of the day gets the same quality of training that the first student got, because the simulator is running the same program".

Perhaps the most impressive thing about these simulators, is that if a simulated patient indicates the need for a certain treatment, the student actually has the opportunity to perform the needed procedure. The student no longer simulates the procedure, so the training staff is no longer asked to provide hypothetical judgments on techniques that were never actually performed.

DMRTI's Dean of Academic Support is Nurse Corps Commander Jose Gonzalez. He thinks the realism of the new training format is far more practical than former methods. "If the students thinks a patient needs a catheter, they actually have to insert one. The decision to use a catheter opens the door to other things that have to be checked, like urine output, the presence of blood and a lot of other things. If the student misses something important, the patient will get worse. They don't need to ask the instructor to drive the scenario anymore" said Gonzalez.

Jay Anton, agrees that C4 is unusually realistic in its approach to trauma training. He is the Chief Technology Officer and Vice President at Medical Education Technologies, Inc.

(Continued: See TAC-SIM, on page 3)

### Message from the Editor:

Editor: SGT LaKisha L. Sanchez Chief Editor: LT Brian Haak

We need your input!!! Please fill out the enclosed Training Needs Assessment and leave it on the classroom table. This will help us provide the most relevant and effective training during Joint Training Days

Inside this issue:

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## Joint Training Day Agenda

COMMAND RUN

0830-1000 ETHICS TRAINING
(BLESSE AUDITORIUM)
1015-1030 SIGN-IN ROSTER
(ACCOUNTABILITY)

1030-1115 AWARDS/DMRTI (PERSONNEL RECOGNITION)

1115-1245 LUNCH

00545-COMPLETE

1300-1430 EO/POSH CLASS (PREVENTION OF SEXUAL HARRASMENT)

1445-1515 SAFETY BRIEFING (101 DAYS OF SUMMER)

1525-1600 DEPARTMENT MEETINGS



#### **Announcements**

Please join me in congratulating CDR Gonzalez on his promotion.

### **Upcoming Birthdays**



### **MAY BIRTHDAYS**

TSGT Gamez	02 MAY
HM1 Grimes	12 MAY
HM1 Gordon	13 MAY
HM3 Moaratty	17 MAY
MR. Gamez	22 MAY
HM2 Ortiz	22 May
SSG Combs	25 MAY

### **JUNE BIRTHDAYS**

HM1 FLORES	05 JUNE
MR. CANTRELL	10 JUNE
SSG GAZZOLA	14 JUNE
SGT ZOTTICH	14 JUNE
HM2 MORENO	18 JUNE
LT OWENS	22 JUNE
CDR STOCKINGER	24 JUNE
MISS BETANCOURT	24 IUNE

# Message from the Commander



Courtney D. Scott Jr.

In previous editions of the newsletter I have emphasized the need for more publicity of the things we do here at the Institute. Based on all the new requests we are seeing, I think this message is definitely getting through. Don't take this as a request to turn off the faucet. Doing more makes us more relevant, increases our value, and frankly gives us more of an opportunity to make a difference in the care of our injured.

As you are all aware the Department of Defense is undergoing major transformation. From my viewpoint the Institute is taking this absolutely head on. We are clearly leaders for the METC as it progresses in its development. We have been very progressive with our C4 transformation (to include the warehouse simulation project), our HLSMEC development, and our involvement with the MMHAC. We have been invited to participate with key folks from USUHS and Health Affairs in outlining total spectrum CBRNE training requirements for DoD medical personnel. Our support to guard and reserve personnel improves almost monthly. We are very proactively studying ways to better employ advanced distributed learning. While this is only a partial list of the great things happening here, it definitely demonstrates that we are making serious headway on every responsibility we have been given in the Department of Defense Instruction on Medical Readiness Training.

Last of all let me just say thank you to each and every one of you. Much is happening within the Institute, and all of it is positive. To keep up with this you have been incredibly busy the past several weeks, with no real let up in sight. And all this has transpired in the midst of changing out some of our top leadership. You haven't skipped a beat - keep up the great work!

## From The SEA's Desk

### Greetings all!

Summer break is fast coming upon us. With that comes the numerous four day weekends, and time to go out and have some fun. But if you have too much fun, you must be prepared and have a plan of action. Each service has a "Wingman", "Battle Buddy", "Three man fire team", philosophy that basically has someone you trust keep an eye on you.

That Wingman/Battle Buddy is there to help keep you out of trouble and keep you from self inflicted harm. If you've had too much to drink, listen to them and let them get you home safe and sound. No one should be out and about by themselves. Go out in pairs or groups. Keep an eye on each other. Enjoy yourself, have a good time, but be responsible.

Be responsible to yourself, your friends, your co-workers, and society. Do not become another statistic. Tomorrow is another day. Live to see it.

# TAC SIM-Continued from Page 1

His staff from Medical Education Technologies was on hand during the grand opening of the TAC-SIM to help the C4 staff fine tune their scenarios and to address unusual engineering concerns for the first C4 class using the TAC-SIM and the Trauma simulations. Mr. Anton believes that the staff at C4 are on to something special with their approach to training: "They are one of the premier military sites that use our Combat Trauma Patient Simulation (CTPS) System as it was designed to be used." Anton later

added "It will revolutionize the way military medical personnel train..."

The TAC-SIM also addresses the challenges of pre-hospital care with a brand new urban warfare tactical environment that adds measured stressors; including noise, smoke, darkness, foul smells and enemy fire to the list of concerns that front line Corpsman and Medics must contend with when treating patients in the urban warfare environment.

Hospital Corpsman Second Class Donald Struckmeyer supervises the Tactical Urban Warfare Environment in the TAC SIM. "For a line responder, it's all about applying treatments quickly to prolong life until you can evacuate that patient to a surgical level of care. What we do here is add Above: It may look like a darkened street in Iraq, but this an instructor real world problems to the medical challenges. It's noisy, dark, there is smoke everywhere, and the place stinks to high heaven; and just when you think you're on track, someone points a rifle through a Combat Casualty Care Course. doorway and starts shooting at you. If you get all the medicine right, and forget the tactical part; you and your patient will probably die together."

The TAC-SIM also includes a self-supporting maintenance lab that allows the C4 staff to protect and maintain their equipment. They can also modify their training scenarios as needed to make training more indicative of current doctrine. If needed, they can even write new scenarios that reflect latebreaking "emerging doctrine"—that is they are now able to write and validate training objectives to reflect what is happen-

entering the Tactical Urban Warfare Environment at C4's TAC-SIM lab. The C4 staff is able to use TAC-SIM to introduce measured doses of stressors like darkness, smoke, and noise to make training more realistic. Below: Students practice working in near-total darkness while applying life-saving measures to a simulated trauma patient in the Urban Warfare Training Environment as part of the new TAC SIM lab at the new

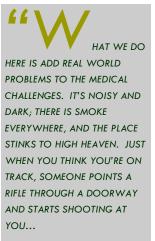


ing in Iraq and Afghanistan today, before those treatment modalities become the widely accepted and taught methods in the school houses of military medicine. DMRTI believes that their focus on emerging doctrine and their flexibility to include it in their training is what makes the Institute most relevant and unique in the Tri-Service Medical Readiness Training area.

There is a lot more to the TAC-SIM than meets the casual observer's eye. In the next issue of the pulse, we'll feature the behind-the-scenes work that goes on in the TAC-SIM and the people who do that work without being noticed.



Above: Air Force TSgt Raymond Liedy, Army Sergeant First Class Butler work with a METI technologies representative to fine-tune a patient scenario for a combat trauma injury simulation at C4's Tactical Simulation Center.





### Your Service Senior Enlisted Advisors





and can not be on a temporary profile. You

will also need to complete some distance learn-

that you can get into the class that you want or

that you will get in at all, but if you do nothing

you are guarantee not to get into ANCOC till

you are selected for promotion to SFC. If you

are interested visit the ANCOC website <a href="http://">http://</a>

ing prior to enrollment. There is no guarantee

ncoa.amedd.army.mil/ANCOC/
CSMWelcome.htm and come see me. Do not call them to ask if you can get into a class.
We have had numerous personnel from DMRTI to complete their Associates' and Bachelor's Degree over the last year. You will not get a better assignment that DMRTI to work on a college degree, do not miss this opportunity.
Will you be the next enlisted service member that completes a degree?

Forward as One SFC Robert Harris Senior Enlisted Advisor-Army



This has been an exciting year thus far for the Navy Medical Department and we have successfully responded to the many challenges placed before us. Throughout our history, our Navy has answered the call to duty when and wherever needed. Today, our Navy is still answering the call to duty! Thanks to our hard-chargers: HM2 Lopez, HM2 Flores, HM2 Nanyes, HM2 Franco and HM3 Moaratty – You have stepped up to the plate and continuing to uphold the reputation of our great Navy. Don't take your duties lightly!

What's the MTS buzz all about? If you haven't signed up with the program, then you are lagging. I encourage all eligible personnel to engage swiftly and obtain this designation during your tour here at DMRTI. Do not PCS without this designation as it could only hurt your career.

Leadership Courses: We have a couple of courses being offered here in DMRTI during the summer. Be advised that attendance of the appropriate Leadership Training Course is mandatory for all hands at specific career milestones. You need to attend the courses upon advancement to E-5, E-6, and E-7. Successful completion is required prior to advancement to the next pay grade.

With the "Critical Days of Summer" rapidly approaching, please take the time, stop, pause and think about how we're doing business. Be safe out there. Every Sailor is extremely valuable. I want you to think and apply the same level of rigor, the same level of discipline to off-duty things as you do to on-duty things.

I am honored and excited about the opportunities that I will have while serving as your Senior Enlisted Advisor. It will be my goal to draw on my experiences to help us all meet the challenges ahead of us.

As always, conduct yourself parallel and in keeping with our Navy Core values — with "honor, courage, and always committed" to the task at hand.

Chief Vergara sends.



If you didn't know the Air Force has a new Airman's Creed. According to Airman's Roll Call, Airmen now have a creed that summarizes what it exactly means to be an Airman. April 2007, Gen. T. Michael Moseley, Air Force chief of staff, introduced the new "Airman's Creed" to provide Airmen with a tangible statement of beliefs that they can hold most dear. Our new creed reads as follows:

THE AIRMAN'S CREED

I AM AN AMERICAN AIRMAN.
I AM A WARRIOR.
I HAVE ANSWERED MY NATION'S CALL.

I AM AN AMERICAN AIRMAN.
MY MISSION IS TO FLY, FIGHT, AND WIN.
I AM FAITHFUL TO A PROUD HERITAGE,
A TRADITION OF HONOR,
AND A LEGACY OF VALOR.

I AM AN AMERICAN AIRMAN, GUARDIAN OF FREEDOM AND JUSTICE, MY NATION'S SWORD AND SHIELD, ITS SENTRY AND AVENGER. I DEFEND MY COUNTRY WITH MY LIFE.

I AM AN AMERICAN AIRMAN: WINGMAN, LEADER, WARRIOR. I WILL NEVER LEAVE AN AIRMAN BEHIND, I WILL NEVER FALTER, AND I WILL NOT FAIL.

We are all Airman in this Air Force and all Airman should know their creed. Thanks

V/r KENNETH P. BRUNSON, MSgt, USAF, IDMT NCOIC Instructional Programs

## Hails and Farewells

Please join the Commanding Officer in in welcoming the new soldiers to the command. We here at DMRTI would like to welcome you all and hope that you enjoy your time in this command.

SSGT Payne

SPC Kenney

HM1 Grimes

HM3 Moartty

SPC Burser

SPC Busanet

We would like to say "thank you" and goodbye to the to the following Soldiers, Sailors and Airman as they leave the DMRTI family. We would wish everyone good luck in all their future endeavors.

LCDR Hill

**HMC** Thetford

SSGT Ingram

SSG Brown

SGT Jackson

SGT Keck

Lieutenant Commander Hill began her Naval career in May of 1980. After completing basic training in Orlando, Florida, she attended Hospital Corps School in Great Lakes, Illinois. Following training she reported to National Naval Medical Center Bethesda, Maryland where she was assigned to the Neurosurgery ward. She then trained for the Advance Medical Laboratory Technician field and was ordered to Naval Regional Medical Center, Jacksonville, Florida. In July 1995, she was reassigned to the Armed Forces Radiobiology Research Institute (AFRRI) where she worked as a Research Technician.

While completing her Bachelor's and Master's Degrees, she served in Diego Garcia, Norfolk, and returned to Naval Hospital Jacksonville, Florida. Where was selected for promotion to Chief Petty Officer.

In July 1995, she was commissioned in the Medical Service Corps and served in a variety of billets, including Naval Medical Center, Portsmouth, Virginia, the USS George Washington, (CV-73) and the Naval Healthcare Support Office, Norfolk, Virginia.

Lieutenant Commander Hill's personal awards include the Joint Service Commendation Medal with Oak Leaf Cluster, Navy Commendation Medals with four gold stars, Navy Achievement Medals with two gold stars, and Good Conduct Medals with two bronze stars. She is qualified as



Surface Warfare Medical Department Officer and Enlisted Aviation Warfare Specialist.

We wish LCDR Hill the Navy's traditional blessing of "Fair Winds and Following Seas".

# **Dedicated Chief Petty Officer says Goodbye**

**By SGT LaKisha Sizemore** 



Chief Thetford enlisted in the United States Navy in January 1987. He completed basic training at RTC Great Lakes, Illinois. Upon graduation, he reported to his technical training at Hospital Corps School, also in Great Lakes, where he learned the basic skills needed to be a Hospital Corpsman. Following basic Hospital Corps School, he reported to Field Medical Service School (FMSS) to learn the requisite skills to support ground combat operations as Fleet Marine Force Hospital Corpsman. HMC (FMF) Thetford has served in a variety of positions throughout his illustrious military career to include Senior Corpsman, Leading Petty Officer, OPS

Chief, Leading Chief Petty Officer and Senior Enlisted Advisor. Chief Thetford's assignments include: Great Lakes, Illinois; Naval Hospital Beaufort, Beaufort South Carolina; MCRD Paris Island, South Carolina; 2nd Supply Battalion, Camp Lejeune, North Carolina; Joint Medical Readiness Training Center, FT Sam Houston, Texas; 9th Engineer Support Battalion, Camp Hansen, Okinawa Japan; Alpha Surgical Company, 2nd Medical Battalion, Camp Lejeune, North Carolina; and the Defense Medical Readiness Training Institute, FT Sam Houston, Texas.

Chief Thetford's formal military education includes Hospital Corps School, Field Medical Service School, Petty Officer Indoctrination Courses, Navy Instructor School, Chief Petty Officer Indoctrination Course and Human Resource Management Course. He received his Associates in Arts Degree from Campbell University in North Carolina.

Chief Thetford's awards and decorations include the Defense Meritorious Service Medal, Joint Service Commendation Medal, Navy Commendation Medal, Joint Service Achievement Medal (three awards), Navy Achievement Medal (two awards), Meritorious Unit Commendation (two awards), Good Conduct Medal (five awards); Fleet Marine Force Ribbon, National Defense Service Medal, Outstanding Volunteer Service Medal, Navy and Marine Corps Overseas Service Ribbon, Expert Rifle Medal and Expert Pistol Medal. Chief Thetford also holds the Fleet Marine Force Enlisted warfare device, and a secondary Navy Enlisted Classification (NEC) designating him a Navy Instructor. He also qualified as a Navy Master Training Specialist (MTS).

Chief Thetford is happily married to his beautiful wife Donna, and between them they have five spirited children: Brittany 19, Matthew 18, Aaron 15, Sierra 15 and Jacob 13. We offer Chief Thetford and his family the Navy's traditional blessing of "Fair Winds and Following Seas".